HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2001 OF THE CONDITION AND AFFAIRS OF THE

CIGNA HEALTHCARE OF MAINE, INC.

NAIC Group Code	0901 (Current Period)	0901 (Prior Period)	_ NAIC Company Code	95447	Employer's ID Number _	01-0418220	
Organized under the	,	(Prior Period) Maine	S	tate of Domicile or	Port of Entry	Maine	
Country of Domicile			, -	States of America	- Ort of Entry		
·							
Licensed as business		nt & Health []	Property/Casualty []	Health Service C		vice Corporation []	
Vision Service Corporation [] C Incorporated 03/01/1986		-	[] Health Maintenance Organization [X] Is HMO, Federally Qualified? Yes [X] No [] Commenced Business 04/01/1987				
Statutory Home Office			2 Stonewood Drive , Gtreet and Number)		Freeport, ME 04032-0447 (City or Town, State and Zip Code)		
		(Street and I	number)		(City or Town, State and Zip	Code)	
Main Administrative Office			2 Stonewood Drive (Street and Number)				
	Freeport, ME 04032			,	207-865-5000		
	(City or Town, State and 2			(Area Code) (Telephone Number)			
Mail Address		ottage Grove Road nd Number or P.O. Box					
Primary Location of Bo	,		,	2 Stone	wood Drive	,	
Primary Location of Books and Records			(Street and Number)				
	Freeport, ME 04032 (City or Town, State and 2		860-226-5029 (Area Code) (Telephone Number)				
		ip Code)		(F	Area Code) (Telephone Number)		
Internet Website Addr	ess						
Quarterly Statement Contact		Michael	Michael Christoper Trinks		860-226-5029 (Area Code) (Telephone Number) (Extension)		
michael.trinks@cigna.com			(Name) (Area Code) (Telephone Number) (Extension) 260-206-6443			(Extension)	
	(E-mail Address)				(FAX Number)		
			OFFICER				
President	Ri	OFFICERS Richard Marshall White Vice President Karen Sue Rohan					
Assistant Clerk		Paul Jeffrey Moren		VIOC I ICOIGCII	Taren ouc	Tonan	
			VICE PRESIDE	_			
Paul Bersteinsson Karen Sue Rohan			James Thomas Kohan Bach Mai Thi Thai		Barry Richard McHale Roy Victor Erickson M.D.		
David Charles Kopp			David Mathau Daraella		Richard Brainerd Salmon M.D., PhD.		
Robert Cody Williams			John Patrick Frey Carla Cirone Mangia		Mangiafico		
Donald	d William Porter		Stephen Chester St	achelek	_		
		DIR	ECTORS OR T	RUSTEES			
Karen Sue Rohan			William Allen Schaff				
State of	Connecticut)					
			ss Bloomfield				
County of	Hartford)					
The officers of this re-	porting optity boing d	ılv eworn, oach do	nose and say that they a	ro the described of	ficers of said reporting entity, a	and that on the reporting	
					entity, free and clear from any		
except as herein state	d, and that this staten	nent, together with	related exhibits, schedule	es and explanations	s therein contained, annexed o	r referred to is a full and	
					of the reporting period stated a		
					AIC Annual Statement Instru les or regulations require diffe		
			ne best of their informatio			storiood in roporting no	
					·		
	rone Mangiafico e President		David Mathew Pord Treasurer	cello	Paul Jeffrey Assistant		
VICE	z i icoluciil		rreasurer		Assistant	CICIN	
Subscribed and swo							
	day of, 200)1					